



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street ☐ Boston, MA 02114
(617) 727-6652

Board of State Examiners of Plumbers and Gasfitters
Forms available at <http://www.state.ma.us/reg/boards/pl/forms.htm>

APPLICATION FOR EXTENDED (3 YEAR) TESTING LABORATORY APPROVAL-
FEE \$150.00

1. Laboratory Name:_____
2. Laboratory Address:_____

3. Telephone Number:()_____ Toll Free ()_____
4. List Board approval number (if known)_____
5. List 3 plumbing/gas manufacturer's products with model numbers tested since last Board approval:
 1. _____

 2. _____

 3. _____

6. Has your laboratory approval ever been revoked by any certifying administrative agency since last approval?
Yes_____ No_____ If yes, explain separate sheet.

7. Notarized "Testing Laboratory Statement of Independence" attached?
Yes_____ No_____

NOTE: 248CMR 2.04(22)b states: "Extended Approval. Prior to the expiration of any initial approval, each approved testing laboratory shall apply for, and obtain an extend approval for three years, and shall renew every three years, and shall renew every three years thereafter."

Signature

Printed Name and Title

Date

TESTING LABORATORY STATEMENT OF INDEPENDENCE

_____ certifies that, with reference to plumbing and/orgas
Laboratory Name products being tested:

- a. There are no managerial affiliations with any producer, supplier or vendor, and
- b. There are no securities investments in the product line, and
- c. There are no stock options in the product line, and
- d. The employment security of personnel is free from influence by the products, supplier or vendor, and
- e. The agency is not owned, operated, or controlled by any producer, supplier, or vendor.

Address and Phone

By: _____

President or C. E. O
(Signature)

State of: _____

County of: _____

On this _____ day of _____ in the year _____

before me _____ personally

appeared _____

_____ personally known to me (or proved to me on the basis of
satisfactory evidence) to be the person(s) whose name(s) is(are) subscribed to this
instrument, and acknowledge that he (she)/(they) executed it.

WITNESS my hand and official seal.

Notary's Signature
My Commission Expires: